

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS (OCR)
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813
Telephone No: 808-587-6333
Fax No: 808-587-6303

DISADVANTAGED BUSINESS ENTERPRISE (DBE) CHANGE AFFIDAVIT

Name of Firm: _____

Address: _____

Telephone No.: _____ FAX No.: _____ E-mail: _____

Gross Annual Receipts: _____ \$ _____
Specify Period (Month/year to Month/year) As Reported on U. S. Tax Returns

Nature of Business: _____

If any change in ownership and/or control interest of the firm exists, please provide the following information:

<u>Name</u>	<u>*Ethnicity</u>	<u>Sex</u>	<u>Ownership %</u>	<u>Control %</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Ethnicity:**

- BA** Black American (any of the Black racial groups of Africa);
HA Hispanic American (Mexican, Puerto Rican, Cuban, Central or South American, Portuguese, or other Spanish culture or origin);
NA Native American (American Indian, Eskimos, Aleuts, or Native Hawaiians);
AP Asian Pacific American (Japanese, Chinese, Taiwanese, Korean, Vietnamese, Laotian, Cambodian, Filipino, Samoan, Guamanian, the U.S. Trust Territories of the Pacific, and Northern Marianas);
WA White American;
SAA Subcontinent Asian American (India, Pakistan, Bangladesh, Bhutan, Maldives Island, Nepal or Sri Lanka);
OG Any other group whose members are designated as socially and economically disadvantaged by the SBA

I certify that each disadvantaged owner is socially and economically disadvantaged. The foregoing information is true and accurate and reflects changes to the original application and to other subsequent changes that were on file with the Hawaii State Department of Transportation. Attached is the first page of the firm's U.S. Corporate, Partnership or Individual Tax Returns that substantiates the size and gross receipts.

Print or Type Name

Title

Signature

Date

Affidavit

I authorize the State Department of Transportation to make inquiries as necessary to verify the accuracy of the statements made and to determine my continued eligibility as a DBE. I certify the above and the statements contained in the attachments are true and accurate as of _____. The information provided is for the purpose of determining eligibility for the DBE program.

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's continued eligibility to participate in the DBE program. Further, the undersigned agrees to permit an onsite review of the company's operation as well as the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.

Name of Firm	
_____	_____
Name	Title
_____	_____
Signature	Date

On this _____ day of _____, _____ before me appeared _____ who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by _____ to execute the affidavit and did _____

Name of Firm

so as his or her free act and deed.

Notary Public _____ Commission expires _____

{Seal}